

SAMPLE COVER/TRANSMITTAL LETTER TO ACCOMPANY REIMBURSEMENT CLAIM

(DATE)

Joyce P. Bledsoe, P.G.  
Fund Management Section  
Oil Remediation & Compliance Bureau  
NHDES – WMD  
P.O. Box 95  
Concord, NH 03302-0095

Re: [TOWN], [ADDRESS], [SITE/PROJECT NAME] Request for Reimbursement No. [NUMBER], -  
[DOLLAR AMOUNT] NHDES No. [#####]

Dear Ms. Bledsoe:

The [WORK DESCRIPTION] at the above referenced site is complete. Attached, please find the following documents in support of this reimbursement request:

- ***Request for Reimbursement Authorization*** [1<sup>ST</sup> CORRECTIVE ACTION REQUEST FROM CURRENT OWNER & NEW OWNER OF FUND-ELIGIBLE FACILITY OR PROPERTY].
- ***Private Insurance Coverage Information*** [1<sup>ST</sup> CORRECTIVE ACTION REQUEST FOR RSA 146-D, RSA 146-E, OR RSA 146-F PETROLEUM STORAGE FACILITY]
- ***Facility or Property Ownership Transfer Information*** [1<sup>ST</sup> REQUEST FROM NEW OWNER OF FUND-ELIGIBLE FACILITY OR PROPERTY].
- ***Facility Compliance Information*** [MAY BE NEEDED TO ESTABLISH ELIGIBILITY].
- ***Applicant Contract Including Waiver of Claims*** [NEEDED FOR ALL REQUESTS FOR PAYMENT TO AN "APPLICANT"].
- ***Listing of Invoices*** [NEEDED FOR ALL REQUESTS].
- ***NHDES Work Scope/Change Order Authorizations*** [NEEDED FOR ALL REQUESTS].
- ***Contractor and Subcontractor Invoices*** [NEEDED FOR ALL REQUESTS].
- ***Activity Reports Not Previously Submitted to NHDES*** [MAY BE NEEDED].
- ***Employee Payroll, Benefits, and Equipment Operating Cost Data for Work Performed by the Facility Owner*** [MAY BE NEEDED IF OWNER PERFORMS WORK].
- ***Waiver Request*** [MAY BE NEEDED, CONTACT PROGRAM STAFF].

The payment should be directed to:

[OWNER/"APPLICANT"/CO-PAYMENT/PAYEE – AS APPLICABLE]  
[ADDRESS]  
[TOWN/CITY, STATE ZIP]

Please call [NAME/the undersigned] at [PHONE NUMBER] if you have questions.

Sincerely,

[NAME, TITLE]  
[COMPANY NAME]